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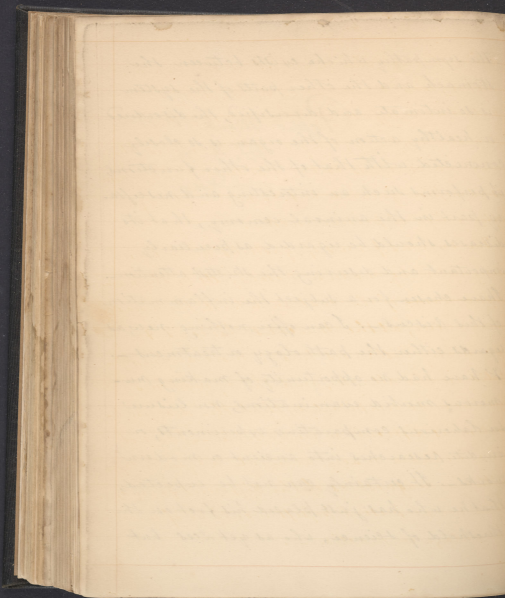
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An Inaugural dissertation
on
Gastritis-

by
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of
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1878
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The sympathy which exists between the stomach and the other parts of the system is so intimate and diversified, the disordered or healthy action of the organ is so closely connected with that of the other functions, it performs such an interesting and necessary part in the animal economy, that its diseases should be regarded as peculiarly important and deserving the strictest attention. I have chosen for a subject the inflammation of this viscus. I can offer nothing new, as regards either the pathology or treatment. I have had no opportunity of making numerous morbid examinations, nor leisure for laborious comparative experiments, or erudite researches into ancient or modern works. It certainly can not be expected, that he who has just placed his foot on the threshold of science, who as yet sees but



dimly through the mists which envelop her temple, should enter at once her majestic portals, and diffuse light and instruction—.

On the contrary, long and toilsome is the way which leads to her residence, and seldom is admission granted but to venerable age after a life of perseverance—.

The various forms of gastritis have been designated by modern nosologists by the name ~~of the name~~ of the coat in which the disease may occur, as the Mucous, fibrous &c

In many instances, two or more are implicated in the attack, and the symptoms are then so complicated, that the discrimination is difficult or impossible—I do not know that a more accurate acquaintance with the diagnostics of the different forms, than we at present possess would be of much advantage in practice—.

Symptoms

An acute burning pain, or agonising sensation in the region of the stomach, greatly aggravated by pressure, or any thing taken internally - A frequent, small, hard, chorded and sometimes intermitting pulse; giving to a casual and inexperienced observer the impression of debility - Frequent hiccough; reaching, and vomiting, though nothing may have been taken.

The substance ejected, in some instances resembling black vomit of yellow fever - great depression of strength, thirst and anxiety.

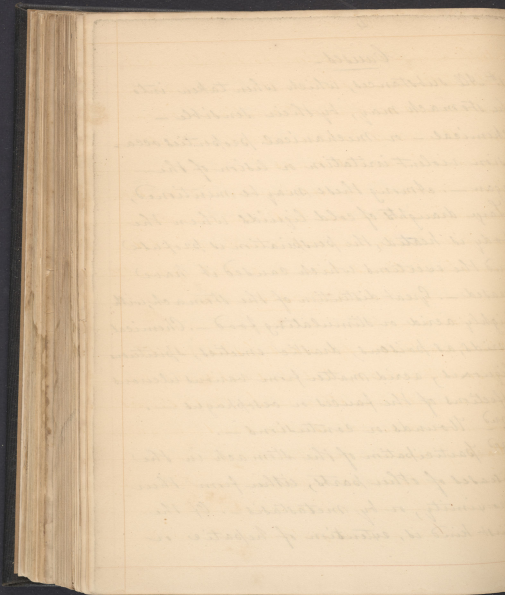
Besides these there are often other symptoms attendant on this disease - as, Frequent fainting - Giddiness - Delirium - Loss of sight - Convulsions of the muscles - Dyspnoea - Horror of liquids -

Causes -

1.st All substances, which when taken into the stomach may, by their sensible - chemical - or mechanical properties occasion violent irritation or lesion of the organ - . Among these may be mentioned, Large draughts of cold liquids when the body is heated, the perspiration is profuse and the exertions which caused it have ceased - . Great distention of the stomach, with highly acrid or stimulating food - . Chemical acids, as poisons, drastic emetics, spirituous liquors, acrid matter from various ulcerous affections of the fauces or oesophagus - .

2.nd Wounds or contusions - .

3.rd Participation of the stomach in the diseases of other parts, either from their proximity, or by metastasis - . Of the first kind is, extension of hepatic or



intestinal inflammation to the stomach, of the latter kind, the transference of goaty erysipelatous or rheumatic inflammation from other parts to this viscus, and repelled eruptions of various kinds -.

From many of the aforementioned causes, this important organ has been admirably defended, by the mucus which exudes from the villous coat in a state of health.

Diagnosis.

The characteristic symptoms of this disease are so well marked, that it is not readily confounded with any other -. In that species of it however, which is attendant on an attack of yellow fever, the symptoms are often very obscure and deceptive -. Inflammation of the stomach may be present in that disease, and the patient will merely

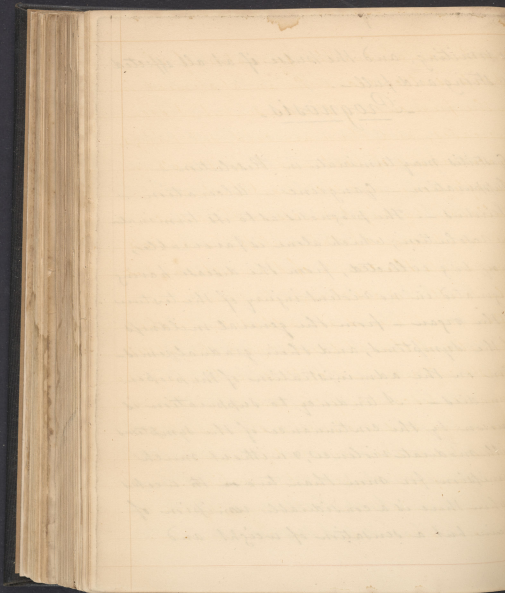
complain of pain in some remote part of the body —. Cramps and flatulent pains of the stomach, and inflammation of the abdominal muscles have sometimes been mistaken for Gastritis —. In the former, the natural state of the pulse, the strength of the patient, the absence of vomiting — the ability to take substances internally — the absence of pain on pressure form sufficient data for distinguishing the two diseases —. There is often in those diseases a sense of constriction or suffocation, and the voice is often suppressed, while in Gastritis it is more free, as the piercing cries of the patient evince —. When the muscles situated over the Epigastrium are inflamed, the pain is much increased by all the motions in which those muscles are concerned —. There is not so great a tendency

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to vomiting, and the pulse if at all affected is strong and full -.

- Prognosis -

Gastritis may terminate in Resolution -
 Suppuration - Gangrene - Ulceration -
 Scirrhus - . The prognosis as to its termination
 in resolution, which alone is favourable,
 may be collected, from the disease having
 originated in no violent injury of the texture
 of the organ - from the general mildness
 of the symptoms, and their gradual remis-
 sion on the administration of the proper
 remedies - . A tendency to suppuration is
 known by the continuance of the symptoms
 with moderate violence, & without much
 remission for more than two or three weeks
 when there is a considerable remission of
 pain but a sensation of weight and



anxiety remains —. The formation of the
 abscess is attended with an abatement in
 in the frequency of the pulse, but it soon
 increased, and there are cold shiverings,
 exacerbations of heat and feverishness in
 the afternoon and evening, which are
 followed by night sweats —. The disease
 at length proves fatal, unless the abscess
 opens into the cavity of ^{the} stomach and it
 the matter is discharged by vomiting or
 stool, or there is an adhesion to the
 parietes of the abdomen and the abscess
 bursts externally —. A tendency to gangrene
 may be discovered from the unyielding
 obstinacy and violence of the symptoms
 when the proper remedies have been timely
 and carefully employed — particularly, if
 the inflammation has been induced by
 corrosive poisons or drastic emetics —.

That gangrene has begun, may be known from the sudden remission or cessation of pain whilst the pulse continues frequent and becomes more feeble - with other evidences of the diminution of the powers of life; as, frequent syncope - subsultus tendinum - cold, clammy, and partial sweats - hiccough - flatulent distention of the abdomen - cadaverous countenance - vacant expression of the eyes - low muttering delirium - cold extremities - De Haen met with a remarkable case which terminated in gangrene, where the pulse was natural a short time before death, & there was no pain or derangement in the functions of the stomach.

Mortification may occur however without a cessation of pain; this happens when only a small portion is mortified -

Appearances on Dissection

If death ensues in the first stage, on a post mortem examination we perceive appearances of inflammation sometimes extending over a great portion, perhaps the whole of the internal membrane. Most generally it affects only a small portion —. The peritoneal coat, on the outside of the inflamed part displays a greater number of small vessels than usual — The coats are thickened in the vicinity, and the inner one very red, the capillaries being injected with red blood —. These patches of inflammation are disposed in streaks or stellated forms —. So Sometimes we observe a general suffusion, or spots of extravasated ~~the~~ blood, united with a general tingedness of the vessels of the organ —. When the disease originated from a corrosive poison as

Arsenic, the inflammation is generally most acute - portions of the mucous coat are eroded, and often a thin layer of coagulable lymph is found in some places - But the appearances of inflammation are stated by some writers to be very deceptive - They assert that red streaks are often obscured in cases of violent death, where there is not the slightest reason to suspect inflammation - Cases are even recorded where these appearances were attendant, although death was caused by extreme loss of blood - I was informed by a very respectable practitioner of Philadelphia that he had observed it in the stomach of a calf - It must be evident from these facts, that we should be particularly careful in giving an opinion in those cases where death is supposed to have resulted from swallowing poison; under

such circumstances, an improper decision might frequently be injurious or fatal to innocent persons —. Besides the different appearance of the mucous coat on dissection we may be led to a discovery of the poison by careful analytical experiments with chemical tests — and no decided opinion should be offered unless the poison was detected —.

Treatment —.

It is always necessary when called to a case ~~where~~ where poisons have been swallowed to evacuate the stomach by an emetic, or administer an antidote if we are in possession of an efficient one — By this meant the exciting cause is removed and we may then employ the remedies to reduce inflammation —. The treatment must be prompt and energetic; the grand indication is evidently to reduce

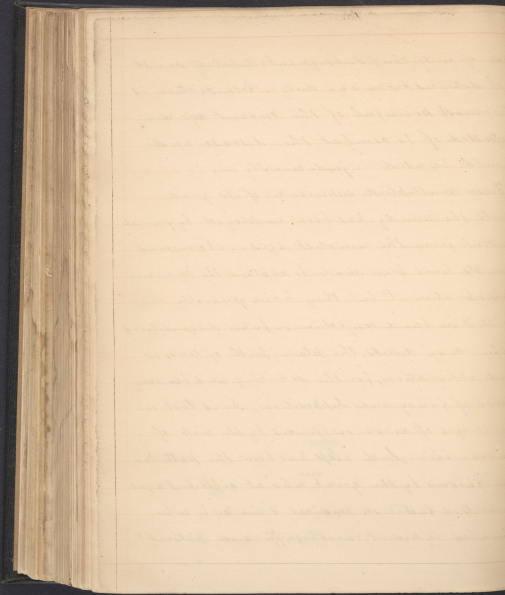
inflammation and promote resolution --

If the means necessary for this purpose are neglected or sparingly employed, the ommission can never be retrieved -- the disease gains a fatal ascendancy and the patient sinks into the arms of death, a victim to the neglect or timidity of his physician -- It should be remembered that the disease we are treating of has a tendency to subvert and destroy the functions of an organ -- indispensibly necessary for the support of life -- By far the most important of the remedies is bloodletting carried to a great extent -- Except in those cases which are of a peculiar weak, erysipelatous character and those which follow certain fevers -- we should be deterred from the use of the lancet by none of those symptoms which usually direct us in other diseases -- The

peculiarly deceptive pulse and tendency to syncope are here no arguments against its use — These delusive symptoms are both removed by the remedy, the employment of which they would be supposed to forbid. The pulse invariably rises during the flow of blood, and disposition to syncope is lessened. The quantity of blood to be lost will necessarily be determined by the urgency of the symptoms and the judgment of the practitioner, though some writers affirm that we must be guided by the cessation of pain. It will be necessary in some cases to repeat the bleeding frequently — One is mentioned in the Edinburgh Medical essays where the patient was bled five times in seven hours, and each time relieved from severe pain — The irregular pulse became regular, and the cold extremities warm.

fear of inducing subsequent debility must not deter us from our duty - Venesection is the most powerful of the means we are possessed of to combat the disease and should be used judiciously -.

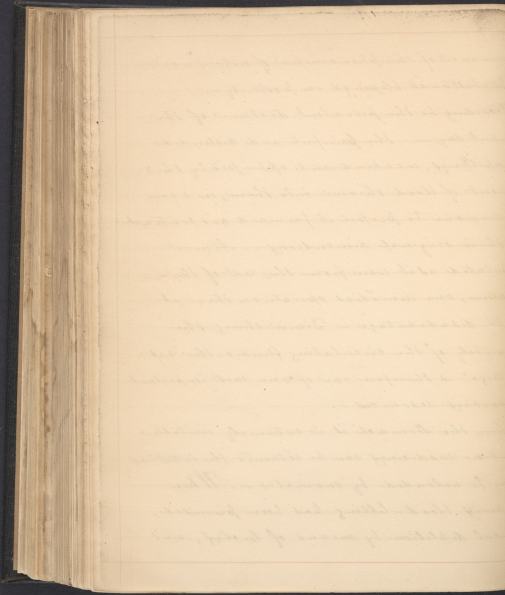
From multiplied experience of its good effects, the remedy has been employed by general consent from the remotest ages - Numerous attempts have been made to explain the manner of its operation -^P but they have generally resulted in blind conjecture or futile disquisitions. When man deserts the plain path of reason and observation, for the deducing and flowery fields of fancy and supposition, he is lost in the mazes of error or blinded by the web of ignorance - Such ^{alas} has been the path too often chosen by the great ^{men}, who at different ages have shed luster on medical science - who otherwise by ardent investigation and patient



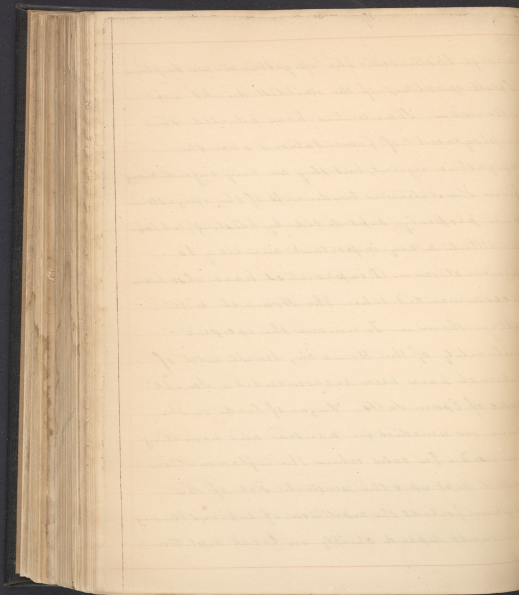
observance of the phenomena of nature would have bestowed blessings on posterity -

According to the prevalent doctrine of the present day - the painful and distended capillaries, weakened and oppressed by the torrent of blood thrown into them, in vain endeavour to propel it forward and contract to their original dimensions - Almost insulated as it were from the rest of the system, our remedies operate on them at great disadvantage - Diminishing the quantity of the circulating fluid or the "vis a tergo" is therefore one of our most important ~~resourses~~ resources -

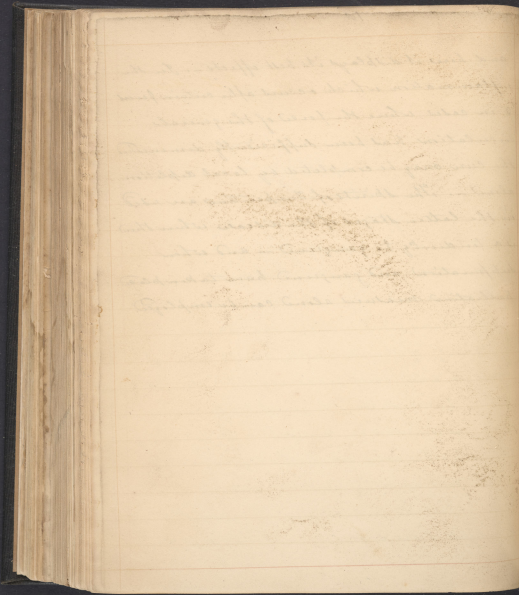
When the stomach is so extremely irritable that no medicines can be retained the intestines may be unloaded by enemata - When copious blood-letting has been promised, local depletion by means of leeches, and



a large blister over the epigastrium are employed. Small quantities of the mildest drinks are allowed —. Some writers have advised the employment of fomentations over the epigastric region, but they are very injudicious from the extreme tenderness of the epigastrium & are properly superseded by blistering, which constitute a very important auxiliary to resection —. Diaphoretics have also been recommended when the stomach will retain them —. To remove the excessive irritability of the stomach, small doses of calomel have been recommended — Small doses of Epsom salts — Sugar of lead or the common remedy for nausea and vomiting are used — In cases where the inflammation is still kept up & the prostrated state of the system forbids the repetition of copious bleeding we must depend chiefly on local depletion



and here it displays its best effects -. In the inflammation which occurs after certain fevers & in cases where the force of the general circulation has been sufficiently diminished the cure may be completed by local depletion alone -. The Spirits of Turpentine are used in the latter stages of the disease when there is a tendency to gangrene - and when suppuration and gangrene have taken place palliative measures alone can be employed



285 Chestnut

C.

1854

Gastings

W. D. Knapp

1840

Ammonium Chloride

Ammonia

Ammonium Sulfate

Ammonium Nitrate

Ammonium Phosphate

Ammonium Carbonate